

# **STATE'S EXHIBIT NO. 2**

BROWNSVILLE POLICE DEPARTMENT  
600 East Jackson Street  
Brownsville, Texas 78520  
(956) 548-7000 - 911 Emergency

OFFENSE Report Call Number: 1042814 Date: 4-19-12

INCIDENT Report Disposition: Arrest +

CHARGE(S): Indecent Exposure X 2

Indecency with a child X 2

## OFFENSE / INCIDENT

Family Violence?  Yes  No

Earliest Date Occurred: 4-19-12 Time: 5:12 am/pm Latest Date Occurred: 4-19-12 Time: 5:18 am/pm Time Dispatched: 5:12 am/pm

Location of Occurrence (Specific location type—Jewelry Store, Apartment, Public Street, etc.): Hotel Room

Address Number	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Street Name	St/Ave/Rd	Apt/Suite	City	County	State	Zip Code
912	N S E W	Washington	ST		Brownsville	Cameron	TX	78520

Investigating Officer (PRINT)	Employee No	CID Assigned	Employee No	Date Assigned
J. Sanchez	4793			

<input checked="" type="checkbox"/> Victim	Last Name or Name of Business	First Name	Middle Name	Jr/Sr/Etc
<input checked="" type="checkbox"/> Complainant	Smith	Esmoraija		
<input type="checkbox"/> Witness				

Address Number	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Street Name	St/Ave/Rd	Apt/Suite	City	State	Zip Code
912	N S E W	Washington	ST	33	Brownsville	TX	78520

Race	<input type="checkbox"/> Male	Date of Birth	Age	<input type="checkbox"/> Married	<input checked="" type="checkbox"/> Divorced	Relationship to Suspect	Injured?	Describe injury and weapon used
W	<input checked="" type="checkbox"/> Female	5-23-83	28	<input type="checkbox"/> Single	<input type="checkbox"/> Widowed	none	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	No

Home Telephone	Business Telephone	Place of Employment	Occupation
(956) 504-1901			

<input checked="" type="checkbox"/> Victim	Last Name or Name of Business	First Name	Middle Name	Jr/Sr/Etc
<input checked="" type="checkbox"/> Complainant	Smith	Haley		
<input type="checkbox"/> Witness				

Address Number	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Street Name	St/Ave/Rd	Apt/Suite	City	State	Zip Code
912	N S E W	Washington	ST	33	Brownsville	TX	78520

Race	<input type="checkbox"/> Male	Date of Birth	Age	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	Relationship to Suspect	Injured?	Describe injury and weapon used
W	<input checked="" type="checkbox"/> Female	9-27-01	10	<input type="checkbox"/> Single	<input type="checkbox"/> Widowed	none	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	No

Home Telephone	Business Telephone	Place of Employment	Occupation
(956) 504-2901			

<input checked="" type="checkbox"/> Victim	Last Name or Name of Business	First Name	Middle Name	Jr/Sr/Etc
<input checked="" type="checkbox"/> Complainant	Smith	Destiny		
<input type="checkbox"/> Witness				

Address Number	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Street Name	St/Ave/Rd	Apt/Suite	City	State	Zip Code
912	N S E W	Washington	ST	33	Brownsville	TX	78520

Race	<input type="checkbox"/> Male	Date of Birth	Age	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	Relationship to Suspect	Injured?	Describe injury and weapon used
W	<input checked="" type="checkbox"/> Female	6-10-05	6	<input type="checkbox"/> Single	<input type="checkbox"/> Widowed	none	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	No

Home Telephone	Business Telephone	Place of Employment	Occupation
(956) 504-2901			

<input checked="" type="checkbox"/> Suspect	Last Name or Name of Business	First Name	Middle Name	Jr/Sr/Etc
<input type="checkbox"/> Missing	Hess	Scott	William	
<input type="checkbox"/> Runaway				

Address Number	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Street Name	St/Ave/Rd	Apt/Suite	City	State	Zip Code
912	N S E W	Washington	ST	40	Brownsville	TX	78520

Home Telephone	<input checked="" type="checkbox"/> DL <input type="checkbox"/> ID	State	Number	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	Place of Birth	Aliases
(956) 266-3910		TX	15735426	<input type="checkbox"/> Single	<input type="checkbox"/> Widowed	Michigan	

Race	<input checked="" type="checkbox"/> Male	Date of Birth	Age	Height	Weight	Hair	Eyes	Complexion	<input type="checkbox"/> English Only	Describe any injuries
W	<input type="checkbox"/> Female	7-20-62	49	6'3	100	Gray	Brown	Light	<input type="checkbox"/> Spanish Only	

Clothing Description: Blue shirt / khaki shorts

<input checked="" type="checkbox"/> Suspect	Last Name or Name of Business	First Name	Middle Name	Jr/Sr/Etc
<input type="checkbox"/> Missing				
<input type="checkbox"/> Runaway				

Address Number	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Street Name	St/Ave/Rd	Apt/Suite	City	State	Zip Code
	N S E W						

Home Telephone	<input type="checkbox"/> DL <input checked="" type="checkbox"/> ID	State	Number	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	Place of Birth	Aliases
				<input type="checkbox"/> Single	<input type="checkbox"/> Widowed		

Race	<input type="checkbox"/> Male	Date of Birth	Age	Height	Weight	Hair	Eyes	Complexion	<input type="checkbox"/> English Only	Describe any injuries
W	<input type="checkbox"/> Female								<input type="checkbox"/> Spanish Only	

Clothing Description: Scars Marks Tattoos Etc

<b>Vehicle Information</b>								
<input type="checkbox"/> Suspect <input type="checkbox"/> Victims'/Complainants' <input type="checkbox"/> Stolen <input type="checkbox"/> Burglarized <input type="checkbox"/> Recovered <input type="checkbox"/> Damaged <input type="checkbox"/> Improperly Parked <input type="checkbox"/> Repossessed <input type="checkbox"/> Impounded <input type="checkbox"/> Other: _____    AUTO THEFT INSURANCE? <input type="checkbox"/> Yes <input type="checkbox"/> No								
ANTI-THEFT DEVICE? <input type="checkbox"/> Yes <input type="checkbox"/> No    TYPE: <input type="checkbox"/> Alarm <input type="checkbox"/> Steering Wheel Bar <input type="checkbox"/> Other: _____								
Owner: _____ Address: _____								
City: _____ State: _____ Zip Code: _____ Telephone: _____								
<input type="checkbox"/> Passenger Car	Make	Model	Year	Operator's Name	Licence Plate	State	Year	
<input type="checkbox"/> Truck <input type="checkbox"/> Trailer								
Style (2dr, 4dr, etc.)	Vehicle Identification Number			Color (top)	Color (center)	Color (bottom)	Special Features	

<b>Vehicle Information</b>								
<input type="checkbox"/> Suspect <input type="checkbox"/> Victims'/Complainants' <input type="checkbox"/> Stolen <input type="checkbox"/> Burglarized <input type="checkbox"/> Recovered <input type="checkbox"/> Damaged <input type="checkbox"/> Improperly Parked <input type="checkbox"/> Repossessed <input type="checkbox"/> Impounded <input type="checkbox"/> Other: _____    AUTO THEFT INSURANCE? <input type="checkbox"/> Yes <input type="checkbox"/> No								
ANTI-THEFT DEVICE? <input type="checkbox"/> Yes <input type="checkbox"/> No    TYPE: <input type="checkbox"/> Alarm <input type="checkbox"/> Steering Wheel Bar <input type="checkbox"/> Other: _____								
Owner: _____ Address: _____								
City: _____ State: _____ Zip Code: _____ Telephone: _____								
<input type="checkbox"/> Passenger Car	Make	Model	Year	Operator's Name	Licence Plate	State	Year	
<input type="checkbox"/> Truck <input type="checkbox"/> Trailer								
Style (2dr, 4dr, etc.)	Vehicle Identification Number			Color (top)	Color (center)	Color (bottom)	Special Features	

PROPERTY CODES: S=Stolen R=Recovered L=Lost F=Found D=Damaged E=Evidence O=Other:

Code	Quantity	Item Brand Name (Make and Model)	Description (Color, size, etc.)	Serial Number	Value	Recovered Value

Summary of Incident

DISPATCHED TO SAID LOCATIONS IN REFERENCE TO  
AN INCIDENT EXPOSURE -

Reporting Officer	Employee No	Supervisor	Employee No	Date Approved
<i>Ji S</i>	4183	<i>J. H. H.</i>	4483	8/29/12

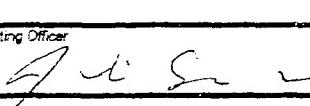
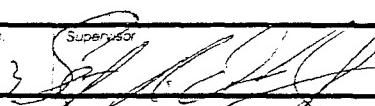
The information I have provided is true and correct to the best of my knowledge. I  DID  DID NOT give anyone permission to commit this/these offenses against me and/or property in my control.

Furthermore, I  DO  DO NOT want criminal charges to be filed against anyone found to be involved in this incident.

Victim/Complainant Signature: *Ernestine Smith* Date: *4-19-12*

Victim/Complainant refused to sign report.

<b>BROWNSVILLE POLICE DEPARTMENT</b> 600 East Jackson Street Brownsville, Texas 78520 (956) 548-7000 - 911 Emergency				<input type="checkbox"/> OFFENSE Report Call Number: <u>1 54 2814</u> Date: <u>4-19-12</u> <input type="checkbox"/> INCIDENT Report Disposition: <u>Arrest +</u> CHARGE(S): <u>Indecency Exposure x 2</u> <u>Indecency with a child Exposes x 2</u> Family Violence? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
<b>OFFENSE / INCIDENT</b>											
Earliest Date Occurred: <u>4-19-12</u> Time: <u>am/pm</u> Latest Date Occurred: <u>4-19-12</u> Time: <u>am/pm</u> Time Dispatched: <u>am/pm</u>											
Location of Occurrence (Specific location type—Jewelry Store, Apartment, Public Street, etc.): <u>Hotel Room</u>											
Address Number <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Street Name <u>912 N S E W</u> <u>washington</u>		St/Av/Rd <u>ST</u> Apt/Site <u>40</u> City <u>Brownsville</u>		County <u>Cameron</u>		State <u>TX</u>		Zip Code <u>78520</u>			
Investigating Officer (PRINT) <u>J. Sanchez</u>			Employee No <u>1793</u>		CID Assigned		Employee No		Date Assigned		
<input type="checkbox"/> Victim <input type="checkbox"/> Complainant <input checked="" type="checkbox"/> Witness		Last Name or Name of Business <u>Flores</u>		First Name <u>Judge</u>		Middle Name		Jr/Sr/Etc			
Address Number <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Street Name <u>912 N S E W</u> <u>washington</u>		St/Av/Rd <u>ST</u> Apt/Site <u>44</u> City <u>Brownsville</u>									
Race <input type="checkbox"/> Male Date of Birth <u>4-3-75</u> Age <u>37</u>		<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Single <input type="checkbox"/> Widowed		Relationship to Suspect <u>Husband</u>		Injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Describe injury and weapon used <u>None</u>			
Home Telephone <u>(956) 465-5533</u>			Business Telephone		Place of Employment			Occupation			
<input type="checkbox"/> Victim <input type="checkbox"/> Complainant <input type="checkbox"/> Witness		Last Name or Name of Business		First Name		Middle Name		Jr/Sr/Etc			
Address Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Street Name <u>N S E W</u>		St/Av/Rd		Apt/Site		City		State	Zip Code		
Race <input type="checkbox"/> Male Date of Birth		<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed		Relationship to Suspect		Injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Describe injury and weapon used			
Home Telephone			Business Telephone		Place of Employment			Occupation			
<input type="checkbox"/> Victim <input type="checkbox"/> Complainant <input type="checkbox"/> Witness		Last Name or Name of Business		First Name		Middle Name		Jr/Sr/Etc			
Address Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Street Name <u>N S E W</u>		St/Av/Rd		Apt/Site		City		State		Zip Code	
Race <input type="checkbox"/> Male Date of Birth		<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed		Relationship to Suspect		Injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Describe injury and weapon used			
Home Telephone			Business Telephone		Place of Employment			Occupation			
<input type="checkbox"/> Suspect <input type="checkbox"/> Missing <input type="checkbox"/> Runaway		Last Name or Name of Business		First Name		Middle Name		Jr/Sr/Etc			
Address Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Street Name <u>N S E W</u>		St/Av/Rd		Apt/Site		City		State		Zip Code	
Home Telephone			<input type="checkbox"/> DL <input type="checkbox"/> ID State <u>TX</u> Number		<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed		Place of Birth		Aliases		
Race <input type="checkbox"/> Male Date of Birth		<input type="checkbox"/> Height <u>5'8"</u> Weight <u>150 lbs</u> Hair <u>Black</u> Eyes <u>Blue</u> Complexion <u>Light</u>		<input type="checkbox"/> English Only <input type="checkbox"/> Spanish Only <input type="checkbox"/> Bilingual		Describe any injuries					
Clothing Description <u>Scars Marks Tattoos Etc</u>											
<input type="checkbox"/> Suspect <input type="checkbox"/> Missing <input type="checkbox"/> Runaway		Last Name or Name of Business		First Name		Middle Name		Jr/Sr/Etc			
Address Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Street Name <u>N S E W</u>		St/Av/Rd		Apt/Site		City		State		Zip Code	
Home Telephone			<input type="checkbox"/> DL <input type="checkbox"/> ID State <u>TX</u> Number		<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed		Place of Birth		Aliases		
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ANTI-THEFT DEVICE? <input type="checkbox"/> Yes <input type="checkbox"/> No    TYPE: <input type="checkbox"/> Alarm <input type="checkbox"/> Steering Wheel Bar <input type="checkbox"/> Other: _____ Owner: _____    Address: _____ City: _____    State: _____    Zip Code: _____    Telephone: _____																																			
<table border="1"> <tr> <td><input type="checkbox"/> Passenger Car</td> <td>Make</td> <td>Model</td> <td>Year</td> <td colspan="2">Operator's Name</td> <td>License Plate</td> <td>State</td> <td>Year</td> </tr> <tr> <td><input type="checkbox"/> Truck <input type="checkbox"/> Trailer</td> <td colspan="2"></td> <td></td> <td colspan="2"></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Style (2dr 4dr etc.)</td> <td colspan="2">Vehicle Identification Number</td> <td></td> <td>Color (top)</td> <td>Color (center)</td> <td>Color (bottom)</td> <td colspan="2">Special Features</td> </tr> </table>									<input type="checkbox"/> Passenger Car	Make	Model	Year	Operator's Name		License Plate	State	Year	<input type="checkbox"/> Truck <input type="checkbox"/> Trailer									Style (2dr 4dr etc.)	Vehicle Identification Number			Color (top)	Color (center)	Color (bottom)	Special Features	
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ANTI-THEFT DEVICE? <input type="checkbox"/> Yes <input type="checkbox"/> No    TYPE: <input type="checkbox"/> Alarm <input type="checkbox"/> Steering Wheel Bar <input type="checkbox"/> Other: _____ Owner: _____    Address: _____ City: _____    State: _____    Zip Code: _____    Telephone: _____																																			
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Style (2dr 4dr etc.)	Vehicle Identification Number			Color (top)	Color (center)	Color (bottom)	Special Features																												
PROPERTY CODES: S=Stolen R=Recovered L=Lost F=Found D=Damaged E=Evidence O=Other:																																			
Code	Quantity	Item Brand Name (Make and Model)		Description (Color, size, etc.)	Serial Number		Value	Recovered Value																											
Summary of Incident																																			
<p>D. i. s. t. r. i. c. t. o. n. - I. n. c. i. d. e. n. t. - E. x. p. o. u. r. e.</p>																																			
Reporting Officer			Employee No.	Supervisor	Employee No.	Date Approved																													
			4783		4783	09/23/12																													
The information I have provided is true and correct to the best of my knowledge. I <input type="checkbox"/> DID <input type="checkbox"/> DID NOT give anyone permission to commit this/these offenses against me and/or property in my control. Furthermore, I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT want criminal charges to be filed against anyone found to be involved in this incident.																																			
Victim/Complainant Signature: _____ Date: _____ <input type="checkbox"/> Victim/Complainant refused to sign report.																																			

## SEXUAL ASSAULT REPORT

1 INCIDENT DATE 14/14/12 MM DD YY	2 AGENCY IDENTIFIER TX 0310 10 C.	3 INCIDENT HOUR 5:12 pm	4 INCIDENT # 1204 2814
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5 VICTIM 10	AGE 10	SEX 1 <input type="checkbox"/> MALE 2 <input checked="" type="checkbox"/> FEMALE	RACE 1 <input checked="" type="checkbox"/> WHITE 2 <input type="checkbox"/> BLACK 3 <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE 4 <input type="checkbox"/> ASIAN OR PACIFIC ISLANDER	ETHNIC ORIGIN 1 <input checked="" type="checkbox"/> HISPANIC 2 <input type="checkbox"/> NON HISPANIC	NUMBER OF VICTIM(S) 1 (If more than 1, use additional forms)
OFFENDER 49	AGE 49	SEX 1 <input type="checkbox"/> MALE 2 <input checked="" type="checkbox"/> FEMALE	RACE 1 <input checked="" type="checkbox"/> WHITE 2 <input type="checkbox"/> BLACK 3 <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE 4 <input type="checkbox"/> ASIAN OR PACIFIC ISLANDER	ETHNIC ORIGIN 1 <input type="checkbox"/> HISPANIC 2 <input checked="" type="checkbox"/> NON HISPANIC	NUMBER OF OFFENDER(S) 1 (If more than 1, use additional forms)

6 RELATIONSHIP (VICTIM TO OFFENDER) VICTIM WAS: (MARK 1)	( <input checked="" type="checkbox"/> )	DATA ENTRY
Spouse		1
Common-Law Spouse		2
Parent		3
Sibling (brother or sister)		4
Child		5
Grandparent		6
Grandchild		7
In-Law		8
Stepparent		9
Stepchild		10
Stepsibling		11
Other Family Member		12
Friend		13
Acquaintance		14
Neighbor	<input checked="" type="checkbox"/>	15
Babysitter		16
Boyfriend/Girlfriend		17
Homosexual Relationship		18
Ex-spouse		19
Employer		20
Employee		21
Otherwise Known		22
Stranger		23
Unknown		24

9 OFFENSES (SELECT ALL THAT APPLY)	( <input checked="" type="checkbox"/> )	DATA ENTRY
Section 21.02 (Continuous Sexual Abuse of Young Child or Children)		1
Section 21.11(a)(1) (Indecency with a Child by Contact)		2
Section 21.11(a)(2) (Indecency with a Child by Exposure)	<input checked="" type="checkbox"/>	3
Section 22.011 (Sexual Assault)		4
Section 22.021 (Aggravated Sexual Assault)		5
Section 43.25 (Sexual Performance by a Child)		6

10 LOCATION	( <input checked="" type="checkbox"/> )	DATA ENTRY
Bar/Night Club		1
Church/Synagogue/Temple		2
Commercial/Office Building		3
Construction Site		4
Convenience Store		5
Drug Store/Dr's Office/Hospital		6
Field/Woods		7
Government/Public Building		8
Highway/Road/Alley		9
Hotel/Motel	<input checked="" type="checkbox"/>	10
Jail/Prison		11
Lake/Waterway		12
Parking Lot/Garage		13
Residence/Home		14
School/College		15
Other/Unknown		16

7 WEAPONS (MARK UP TO 3)	( <input checked="" type="checkbox"/> )	DATA ENTRY
Firearm		1
Knife/Cutting Instrument		2
Blunt Object (club, baseball bat, pan, etc.)		3
Personal Weapons (hands, feet, fist, teeth, etc.)		4
Drugs/Narcotics/Sleeping Pills		5
Asphyxiation (strangulation, suffocation, etc.)		6
Other Specify None		7

11 OFFENDER UNDER THE INFLUENCE OF : (MARK UP TO 2)	( <input checked="" type="checkbox"/> )	DATA ENTRY
None	<input checked="" type="checkbox"/>	1
Alcohol		2
Drugs		3

13 Beaumont Police Dep  
AGENCY

PREPARED BY JO INITIALS

## SEXUAL ASSAULT REPORT

1 INCIDENT DATE 4 / 19 / 12 MM DD YY	2 AGENCY IDENTIFIER TX 0310 IUC	3 INCIDENT HOUR 5:12 p.m.	4 INCIDENT # 17042814
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5 VICTIM  6	AGE	SEX 1 <input type="checkbox"/> MALE 2 <input checked="" type="checkbox"/> FEMALE	RACE 1 <input checked="" type="checkbox"/> WHITE 2 <input type="checkbox"/> BLACK 3 <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE 4 <input type="checkbox"/> ASIAN OR PACIFIC ISLANDER	ETHNIC ORIGIN 1 <input checked="" type="checkbox"/> HISPANIC 2 <input type="checkbox"/> NON HISPANIC	NUMBER OF VICTIM(S) 1 (If more than 1, use additional forms)
	OFFENDER 49	AGE	SEX 1 <input checked="" type="checkbox"/> MALE 2 <input type="checkbox"/> FEMALE	RACE 1 <input checked="" type="checkbox"/> WHITE 2 <input type="checkbox"/> BLACK 3 <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE 4 <input type="checkbox"/> ASIAN OR PACIFIC ISLANDER	ETHNIC ORIGIN 1 <input checked="" type="checkbox"/> HISPANIC 2 <input type="checkbox"/> NON HISPANIC

6 RELATIONSHIP (VICTIM TO OFFENDER) VICTIM WAS: (MARK 1)	( <input checked="" type="checkbox"/> )	DATA ENTRY
Spouse		1
Common-Law Spouse		2
Parent		3
Sibling (brother or sister)		4
Child		5
Grandparent		6
Grandchild		7
In-Law		8
Stepparent		9
Stepchild		10
Stepsibling		11
Other Family Member		12
Friend		13
Acquaintance		14
Neighbor	<input checked="" type="checkbox"/>	15
Babysitter		16
Boyfriend/Girlfriend		17
Homosexual Relationship		18
Ex-spouse		19
Employer		20
Employee		21
Otherwise Known		22
Stranger		23
Unknown		24

7 WEAPONS (MARK UP TO 3)	( <input checked="" type="checkbox"/> )	DATA ENTRY
Firearm		1
Knife/Cutting Instrument		2
Blunt Object (club, baseball bat, pan, etc.)		3
Personal Weapons (hands, feet, fist, teeth, etc.)		4
Drugs/Narcotics/Sleeping Pills		5
Asphyxiation (strangulation, suffocation, etc.)		6
Other Specify none		7

8 PHYSICAL INJURY (MARK 1)	( <input checked="" type="checkbox"/> )	DATA ENTRY
None	<input checked="" type="checkbox"/>	1
Apparent Minor		2
Apparent Major		3

9 OFFENSES (SELECT ALL THAT APPLY)	( <input checked="" type="checkbox"/> )	DATA ENTRY
Section 21.02 (Continuous Sexual Abuse of Young Child or Children)		1
Section 21.11(a)(1) (Indecency with a Child by Contact)		2
Section 21.11(a)(2) (Indecency with a Child by Exposure)	<input checked="" type="checkbox"/>	3
Section 22.011 (Sexual Assault)		4
Section 22.021 (Aggravated Sexual Assault)		5
Section 43.25 (Sexual Performance by a Child)		6

10 LOCATION	( <input checked="" type="checkbox"/> )	DATA ENTRY
Bar/Night Club		1
Church/Synagogue/Temple		2
Commercial/Office Building		3
Construction Site		4
Convenience Store		5
Drug Store/Dr's Office/Hospital		6
Field/Woods		7
Government/Public Building		8
Highway/Road/Alley		9
Hotel/Motel	<input checked="" type="checkbox"/>	10
Jail/Prison		11
Lake/Waterway		12
Parking Lot/Garage		13
Residence/Home		14
School/College		15
Other/Unknown		16

11 OFFENDER UNDER THE INFLUENCE OF : (MARK UP TO 2)	( <input checked="" type="checkbox"/> )	DATA ENTRY
None	<input checked="" type="checkbox"/>	1
Alcohol		2
Drugs		3

15-04-754-118 1011CE Dept T  
AGENCY

PREPARED BY lsp INITIALS

Brownsville Police Department  
Law Incident Narrative

Case Number: 12042814

OFFICER NAME: JULIO SANCHEZ JR.  
OFFICER #: 4793  
DATE: Thu Apr 19 19:19:54 CDT 2012

SUPERVISOR: *Jt. K. D. S.*  
OFFICER #: *4793*  
DATE: *04/20/12*

Case Status: ARREST  
Narrative:

ON 4-19-2012 DISPATCHED TO THE CAMERON MOTOR HOTEL LOCATED AT 912 E. WASHINGTON ST. IN REFERENCE TO INDECENT EXPOSURE. CONTACTED COMPLAINANT ESMERALDA SMITH D.O.B. 5-23-1983 WHO STATED THAT A MALE SUBJECT LATER IDENTIFIED AS SCOTT WILLIAM HESS D.O.B. 7-20-1962 WAS STANDING NAKED EXPOSING HIS PENIS INSIDE HIS ROOM # 40. COMPLAINANT STATED THAT THE SUBJECT WAS STANDING IN FRONT OF HIS WINDOW AND WAS MASTURBATING WHILE HER DAUGHTERS WERE PLAYING. COMPLAINANT STATED THAT HER DAUGHTERS WERE PLAYING OUTSIDE BY THE SUBJECTS ROOM AND THAT THE SUBJECT HIT THE WINDOW TO GET THEIR ATTENTION. COMPLAINANT STATED THAT WHEN HER DAUGHTERS AND SHE TURNED AROUND THEY SAW THE SUBJECT MASTURBATING.

CONTACTED HALEY SMITH D.O.B. 9-27-2001 WHO STATED THAT SHE OBSERVED THE SUBJECT STANDING NAKED IN FRONT OF THE WINDOW. CONTACTED DESTINY SMITH D.O.B. 6-10-2005 WHO STATED THAT SHE ALSO SAW THE SUBJECT STANDING NAKED IN FRONT OF THE WINDOW. ANGELA FLORES D.O.B. 4-3-1975 ADVISED ME THAT SHE KNEW THE SUBJECT. WITNESS ✓ STATED THAT SHE ALSO OBSERVED THE SUBJECT NAKED EXPOSING HIS PENIS. WITNESS STATED THAT THE SUBJECT WAS MASTURBATING IN FRONT OF HALEY AND DESTINY. SUBJECT STATED THAT HE WAS STANDING BY THE WINDOW. SUBJECT STATED THAT HE WAS WITHOUT A SHIRT BUT WAS WEARING SHORTS. ESMERALDA SMITH WANTED TO FILE CHARGES AGAINST THE SUBJECT. SUBJECT WAS PLACED UNDER ARREST, TRANSPORTED TO CITY JAIL AND BOOKED FOR INDECENT EXPOSURE 2 COUNTS AND INDECENCY WITH A CHILD (EXPOSES) 2 COUNTS.

*BSJ*

Brownsville Police Department  
Law Incident Supplement Narrative

Case Number: 12-04-2814

OFFICER NAME: DET. DAVID NAVARRO JR.  
OFFICER #: 5385  
DATE: 05-15-2011

SUPERVISOR:  
OFFICER #:  
DATE:

Case Status: Patrol Arrest, submitted to D.A.'s office  
Narrative:

I was instructed by Sergeant Juan Lopez # 3649 to secure statements in regards to a patrol arrest of Indecency with a child by sexual contact X2 and Indecent exposure X2 on 04-19-2012. I then secured audio/video statements from victims, Destiny Smith and Haley Smith at Monica's House. These statements were attached to the case file, along with a witness statement from Esmeralda Smith, mother of victims and also listed as victim for the Indecent exposure charge. As a notation, Angela Flores was also listed as a victim for the Indecent exposure charge could not be located for statement purposes.

This case was prepared and submitted to the Cameron County District Attorney's Office by this detective. I took no further action in this case.

1 REPORTER'S RECORD

2 VOLUME 1 OF 1 VOLUMES

3 TRIAL COURT CAUSE NO. 2012-DCR-1617-C

4 - - - - - x  
5 THE STATE OF TEXAS : IN THE DISTRICT COURT  
6 :  
7 VS : 197TH JUDICIAL DISTRICT  
8 :  
9 SCOTT WILLIAM HESS : CAMERON COUNTY, TEXAS  
10 :  
11 - - - - - x

12 \*\*\*\*\*

13 SENTENCING

14 \*\*\*\*\*

15  
16 On the 10th day of October, 2012, the following  
17 proceedings came on to be heard in the above-entitled and  
18 numbered cause before the Honorable MIGDALIA LOPEZ, Judge  
19 Presiding, held in Brownsville, Cameron County, Texas.

20 Proceedings reported by computerized machine  
21 shorthand.

## A P P E A R A N C E S

**APPEARING FOR THE STATE:**

HON. PETER C. GILMAN  
State Bar No. 07952500  
Assistant District Attorney  
Cameron County Courthouse  
964 E. Harrison  
Brownsville, TX 78520  
(956) 544-0849  
(956) 544-0869 Fax

**APPEARING FOR THE DEFENDANT:**

HON. LOUIS S. SOROLA  
State Bar No. 00794990  
Law Office of Louis S. Sorola  
1999 W. Jefferson Street  
Brownsville, TX, 78520  
(956) 504-2911

**VOLUME 1**

## **SENTENCING**

OCTOBER 10, 2012

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Arguments by Mr. Sorola	4	1
Defendant Sentenced	9	1
Adjourn	9	1
Certificate of Court Reporter	10	1

## PROCEEDINGS

THE COURT: Mr. Sorola, you have Scott William Hess, 2012-DCR-1617. What says the State?

4 MR. GILMAN: Judge, we would ask you to  
5 follow the agreement.

6 MR. SOROLA: There is no agreement, Your  
7 Honor, it's a cold plea.

THE COURT: It's a cold plea.

9 MR. GILMAN: I'm sorry. Judge, we would  
10 ask that you find him guilty and give him 10 years TDC.

THE COURT: It is what degree felony?

12 MR. GILMAN: It's 2 to 20, Judge.

13 THE COURT: 2 to 20.

16 MR. SOROLA: That's correct, it's exposure,  
17 not touching. Your Honor, this was or is an indecent  
18 exposure case. [ My client has pled guilty from the very  
19 beginning.] He does suffer from bipolar disorder and sleep  
20 disorder. [ I did have him interviewed by Doctor Moron.] A  
21 report is in the Court's file for the review of this  
22 Court. He does make reference to the medications that my  
23 client is on.

24 Your Honor, I know the criminal history  
25 looks extensive. My client has had quite a few arrests.

1       But if we look at the convictions, there aren't that many  
2       convictions. He has a misdemeanor assault in 1999 where  
3       he was given 15 months probation.] In 2008, it was  
4       interference with the duties of a police officer. He  
5       received 45 days county jail, credit for time served.  
6       This is a misdemeanor also. [And then there is the 2012  
7       criminal trespass which he received 30 days County Jail.]  
8       Your Honor, his felony history, there is a 1992 possession  
9       of a controlled substance which my client received a three  
10      year suspended sentence. The arrest in Indiana, which was  
11      subsequent to the 1992, was for the same offense. It was  
12      in Arkansas, the first one. It was a '95 felony assault  
13      which was rejected.

14                   So basically, Your Honor, my client hasn't  
15      been convicted of a lot of offenses. Judge, none of these  
16      offenses have to do with a sex crime. My client was off  
17      of his medication at the time in a hotel, and he is not  
18      denying that he exposed himself to the young children who  
19      were playing outside. We would ask the Court to consider,  
20      and he does qualify for, intensive supervision,  
21      surveillance, and we would ask for a mental health case  
22      load and probation in this case, Your Honor.

23                   THE COURT: Is he taking any medication?

24                   MR. SOROLA: He is now, Your Honor, [and  
25      that's reflected in Doctor Moron's report.] Those

1           medications are Stelazine, Trazodone and Congentin.

2           THE DEFENDANT: Cogentin.

3           MR. SOROLA: He has the mood instability  
4         and the insomnia, he will go two or three months without  
5         sleeping, so he needs medication to sleep. At the time  
6         that he was in this hotel when this incident happened, he  
7         hadn't slept in how long?

8           THE DEFENDANT: Four months.

9           MR. SOROLA: I mean, it's not normal what  
10       he did, Your Honor. But given the conditions that he has,  
11       we would ask that he be placed on some type of supervision  
12       where he can be monitored.

13          THE COURT: Does he work?

14          MR. SOROLA: He has a CDL, Your Honor.

15          THE COURT: Does he work?

16          MR. SOROLA: When is the last time you  
17       worked?

18          THE DEFENDANT: January.

19          MR. SOROLA: He has been in custody for  
20       quite sometime, Your Honor. He still does --

21          THE COURT: Doing what, sir?

22          THE DEFENDANT: I am a truck driver, ma'am.

23          MR. SOROLA: He has a commercial driver's  
24       license, and that's what he has done basically all of his  
25       life.

1                   THE COURT: You do have an extensive  
2 criminal record, and sometimes you haven't made it on  
3 probation. They have revoked you and they have given  
4 you --

5                   THE DEFENDANT: I have never had a revoked  
6 probation, ma'am.

7                   THE COURT: Hold on, let me look. You may  
8 be correct, let me make sure.

9                   MR. SOROLA: I believe he is correct on  
10 that, Your Honor.

11                  THE COURT: You were sentenced in the  
12 interference with public duties to 45 days County Jail,  
13 criminal trespass [30 days County Jail] you were on  
14 probation for three years out of --

15                  THE DEFENDANT: Arkansas.

16                  THE COURT: -- Arkansas, Little Rock.]  
17 You're correct.

18                  THE DEFENDANT: I am 50, Your Honor.

19                  THE COURT: You look it.

20                  THE DEFENDANT: Thank you, Your Honor.

21                  THE COURT: That tells me that you have led  
22 a very rough life, you know?

23                  THE DEFENDANT: Colorful would be the word,  
24 ma'am.

25                  THE COURT: Okay. I'll accept that.

1                   MR. SOROLA: Doctor Moron's report says  
2 that he was hospitalized four years ago in the Rio Grande  
3 State Center, and I believe Mr. Hess has told me he has  
4 been there twice, is that correct?

5                   THE DEFENDANT: Yes. And you asked me  
6 about my hospitalization last time here, Your Honor, and I  
7 told you that I had a nervous breakdown at 19 years old  
8 coming out of puberty, I stopped sleeping. I didn't get a  
9 chance to answer your question about hospitalization.  
10 Over a three year period, I was in four hospitals. In  
11 Michigan where I am from, and in Virginia where I had an  
12 incident during spring break out there. So, I have been,  
13 I lost three years of my life in the hospitals trying to  
14 figure out what medicine works on me. And I've been an  
15 outpatient ever since, Your Honor. And the only trouble I  
16 have is when tropical closed my cases for missing  
17 appointments. It's hard to schedule them.

18                  THE COURT: Do you have any family here?

19                  THE DEFENDANT: Yes, ma'am, I have a wife  
20 and a daughter.

21                  THE COURT: No, here today.

22                  MR. SOROLA: In the courtroom?

23                  THE COURT: Yes, that's what I am asking.

24                  THE DEFENDANT: They are not here. My wife  
25 works.

1                   THE COURT: Are you married or are you  
2 divorced?

3                   THE DEFENDANT: Well, I am engaged to  
4 remarry my ex-wife.

5                   THE COURT: So you are divorced?

6                   THE DEFENDANT: Divorced, yes, ma'am.

7                   THE COURT: Okay. Have a seat, sir. I'll  
8 come back. I would like to speak to both attorneys in  
9 chambers when we get a chance.

10                  (**Brief pause in proceedings**)

11                  THE COURT: Back on the record on Scott  
12 William Hess. Mr. Hess, I'm going to give you 10 years  
13 TDC.

14                  THE DEFENDANT: I can't sleep in jail, Your  
15 Honor.

16                  THE COURT: You may be seated.

17                  (**RECESS**)

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1 THE STATE OF TEXAS:

2 COUNTY OF CAMERON:

3 CERTIFICATE OF COURT REPORTER

4 I, SUE CHANEY SAENZ, Official Court Reporter in and  
5 for the Judicial District Courts of Cameron County, State  
6 of Texas, do hereby certify that the above and foregoing  
7 contains a true and correct transcription of all portions  
8 of evidence and other proceedings requested in writing by  
9 counsel for the parties to be included in this volume of  
10 the Reporter's Record, in the above-entitled and numbered  
11 cause, all of which occurred in open court or in chambers  
12 and were reported by me.

13 I further certify that this Reporter's Record of the  
14 proceedings truly and correctly reflects the exhibits, if  
15 any, admitted by the respective parties.

16 WITNESS MY OFFICIAL HAND on this the 17th day of  
17 June, 2015.

18 

19 /S/ Sue Chaney Saenz

20 SUE CHANEY SAENZ, Texas CSR  
Official Court Reporter, Deputy  
Cameron County, Texas  
c/o 107th District Court  
974 East Harrison Street  
Brownsville, Texas 78520  
(956) 544-0874  
Certificate No. 2136  
Expiration Date: 12/31/16

21  
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SUE CHANEY SAENZ, C.S.R.

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